



December 6, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **773433198249**.

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**Delivery Information:**

<b>Status:</b>	Delivered	<b>Delivered to:</b>	Mailroom
<b>Signed for by:</b>	T.BAERE	<b>Delivery location:</b>	DENVER, CO
<b>Service type:</b>	FedEx Priority Overnight	<b>Delivery date:</b>	Oct 31, 2018 10:18
<b>Special Handling:</b>	Deliver Weekday		

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

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**Shipping Information:**

<b>Tracking number:</b>	773433198249	<b>Ship date:</b>	Oct 30, 2018
		<b>Weight:</b>	0.5 lbs/0.2 kg

**Recipient:**  
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**Invoice number**

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Thank you for choosing FedEx.

Andeavor  
1801 California Street, Suite 1200  
Denver, CO 80202

andeavor.com



October 29, 2018

Director, Air Toxics & Technical Enforcement Program  
Office of Enforcement, Compliance and Environmental Justice  
U.S. EPA, Region 8  
1595 Wynkoop Street, 8ENF-AT  
Denver, CO 80202-1129

*FedEx #773433198249*

**Re: NSPS Subpart OOOOa Annual Report  
Red Wash 24B Gas Plant (Permit V-OU-0001-00.00)  
Walker Hollow Compressor Station (Permit V-UO-000979-2017.00)  
Uintah County, Utah**

Dear Sir or Madam:

On behalf of Andeavor Field Services LLC, Andeavor is submitting the enclosed Annual Report as required by 40 CFR §60.5420a(b) for the following facilities located in Uintah County, Utah, that are affected under New Source Performance Standards (NSPS) Subpart OOOOa:

- Red Wash 24B Gas Plant (annual reporting period: August 24, 2017 – August 23, 2018)
- Walker Hollow Compressor Station (annual reporting period: October 10, 2017 – October 9, 2018)

Also enclosed is the required Certification of Truth, Accuracy, and Completeness (CTAC).

If you have any questions regarding this report, please contact me at (303) 454-6685 or [Thomas.H.Gibbons@andeavor.com](mailto:Thomas.H.Gibbons@andeavor.com).

Sincerely,

A handwritten signature in cursive script that reads "Thomas H. Gibbons".

Thomas H. Gibbons  
Environmental Specialist

Enclosures: CTAC, Annual Report



OMB No. 2060-0336,  
Approval Expires 05/31/2019

Federal Operating Permit Program (40 CFR Part 71)  
**CERTIFICATION OF TRUTH, ACCURACY, AND COMPLETENESS (CTAC)**

This form must be completed, signed by the "Responsible Official" designated for the facility or emission unit, and sent with each submission of documents (i.e., application forms, updates to applications, reports, or any information required by a part 71 permit).

**A. Responsible Official**

Name: (Last) Jackson (First) Jonathan (MI) C

Title Senior Director, Mid-Continent Gathering & Processing

Street or P.O. Box 1801 California St., Suite 1200

City Denver State CO ZIP 80202 -

Telephone ( 303 ) 454 - 6647 Ext. \_\_\_\_\_ Facsimile ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**B. Certification of Truth, Accuracy and Completeness** (to be signed by the responsible official)

I certify under penalty of law, based on information and belief formed after reasonable inquiry, the statements and information contained in these documents are true, accurate and complete.

Name (signed) 

Name (typed) Jonathan C. Jackson Date: 10 / 29 / 15

# Andeavor NSPS Subpart OOOOa Annual Report

## Site Information

40 CFR Part 60 - Standards of Performance for Crude Oil and Natural Gas Facilities for which Construction, Modification or Reconstruction Commenced After September 18, 2015 - 60.5420a(b) Annual Report

For each affected facility, an owner or operator must include the information specified in paragraphs (b)(1)(i) through (iv) of this section in all annual reports:

The asterisk (\*) next to each field indicates that the corresponding field is required.

SITE INFORMATION										
Facility Record No. * (Field value will automatically generate if a value is not entered.)	Company Name * (\$60.5420a(b)(1)(i))	Facility Site Name * (\$60.5420a(b)(1)(i))	US Well ID or US Well ID Associated with the Affected Facility, if applicable. * (\$60.5420a(b)(1)(i))	Address of Affected Facility * (\$60.5420a(b)(1)(i))	Address 2	City *	County *	State Abbreviation *	Zip Code *	Responsible Agency Facility ID (State Facility Identifier)
	e.g.: ABC Company	e.g.: XYZ Compressor Station	e.g.: 12-345-67890-12	e.g.: 123 Main Street	e.g.: Suite 100	e.g.: Brooklyn	e.g.: Kings County	e.g.: NY	e.g.: 11221	
1	Andeavor	Red Wash 24B Gas Plant		1680 West Hwy 40	Suite 203	Vernal	Uintah	UT	84078	
2	Andeavor	Walker Hollow Compressor Station		1680 West Hwy 40	Suite 203	Vernal	Uintah	UT	84078	

Andeavor NSPS Subpart OOOOa Annual Report

Site Information

SITE INFORMATION			ALTERNATIVE ADDRESS INFORMATION (IF NO PHYSICAL ADDRESS AVAILABLE FOR SITE *)			REPORTING INFORMATION		PE Certification
Facility Record No. * (Field value will automatically generate if a value is not entered.)	Company Name * (\$60.5420a(b)(1)(i))	Facility Site Name * (\$60.5420a(b)(1)(i))	Description of Site Location (\$60.5420a(b)(1)(i))	Latitude of the Site (decimal degrees to 5 decimals using the North American Datum of 1983) (\$60.5420a(b)(1)(i))	Longitude of the Site (decimal degrees to 5 decimals using the North American Datum of 1983) (\$60.5420a(b)(1)(i))	Beginning Date of Reporting Period.* (\$60.5420a(b)(1)(iii))	Ending Date of Reporting Period.* (\$60.5420a(b)(1)(iii))	Please provide the file name that contains the certification signed by a qualified professional engineer for each closed vent system routing to a control device or process. * (\$60.5420a(b)(12)) Please provide only one file per record.
	e.g.: ABC Company	e.g.: XYZ Compressor Station	e.g.: 7 miles NE of the intersection of Hwy 123 and Hwy 456	e.g.: 34.12345	e.g.: -101.12345	e.g.: 01/01/2016	e.g.: 06/30/2016	e.g.: Certification.pdf or XYZCompressorStation.pdf
1	Andeavor	Red Wash 24B Gas Plant	Sec. 24, T7S, R23E	40.196672	-109.28061	8/24/2017	8/23/2018	not applicable
2	Andeavor	Walker Hollow Compressor Station	Sec. 27, T7S, R23E	40.18566	-109.30397	10/10/2017	10/9/2018	not applicable

Andeavor NSPS Subpart OOOOa Annual Report

Site Information

SITE INFORMATION			ADDITIONAL INFORMATION	
Facility Record No. * (Field value will automatically generate if a value is not entered.)	Company Name * (\$60.5420a(b)(1)(i))	Facility Site Name * (\$60.5420a(b)(1)(i))	Please enter any additional information.	Enter associated file name reference.
	e.g.: ABC Company	e.g. : XYZ Compressor Station		e.g.: addlinfo.zip or XYZCompressorStation.pdf
1	Andeavor	Red Wash 24B Gas Plant	none	none
2	Andeavor	Walker Hollow Compressor Station	none	none

Andeavor NSPS Subpart OOOOa Annual Report

Reciprocating Compressor

40 CFR Part 60 - Standards of Performance for Crude Oil and Natural Gas Facilities for which Construction, Modification or Reconstruction Commenced After September 18, 2015 - 60.5420a(b) Annual Report

For each reciprocating compressor affected facility, an owner or operator must include the information specified in paragraphs (b)(4)(i) and (ii) of this section in all annual reports:

The asterisk (\*) next to each field indicates that the corresponding field is required.

Facility Record No. * (Select from dropdown list - may need to scroll up )	Compressor ID * (\$60.5420a(b)(1)(ii))	Are emissions from the rod packing unit being routed to a process through a closed vent system under negative pressure? * (\$60.5420a(b)(4)(i))	If emissions are not routed to a process through a closed vent system under negative pressure, what are the cumulative number of hours or months of operation since initial startup or the previous rod packing replacement (whichever is later)? * (\$60.5420a(b)(4)(i))	Units of Time Measurement * (\$60.5420a(b)(4)(i))	Deviations where the reciprocating compressor was not operated in compliance with requirements* (\$60.5420(b)(4)(ii) and \$60.5420a(c)(3)(iii))
	e.g.: Comp-12b	e.g.: no	e.g.: 2	e.g.: months	e.g.: Rod packing replacement exceeded 36 months. Replacement occurred after 37 months.
1	C-5100	no	120	hours	no deviations
2	C-103	no	11	hours	no deviations
2	C-104	no	97	hours	no deviations

Andeavor NSPS Subpart OOOOa Annual Report  
Fugitive Emissions Components

40 CFR Part 60 - Standards of Performance for Crude Oil and Natural Gas Facilities for which Construction, Modification or Reconstruction Commenced After September 18, 2015 - 60.5420a(b) Annual Report

For the collection of fugitive emissions components at each well site and the collection of fugitive emissions components at each compressor station within the company-defined area, an owner or operator must include the records of each monitoring survey including the information specified in paragraphs (b)(7)(i) through (xii) of this section in all annual reports:

The asterisk (\*) next to each field indicates that the corresponding field is required.

Facility Record No. * (Select from dropdown list - may need to scroll up )	Identification of Each Affected Facility * (\$60.5420a(b)(1))	Date of Survey * (\$60.5420a(b)(7)(i))	Survey Begin Time * (\$60.5420a(b)(7)(ii))	Survey End Time * (\$60.5420a(b)(7)(ii))	Name of Surveyor * (\$60.5420a(b)(7)(iii))	Ambient Temperature During Survey * (\$60.5420a(b)(7)(iv))	Sky Conditions During Survey * (\$60.5420a(b)(7)(iv))	Maximum Wind Speed During Survey * (\$60.5420a(b)(7)(iv))	Monitoring Instrument Used * (\$60.5420a(b)(7)(v))	Deviations from Monitoring Plan (If none, state none.) * (\$60.5420a(b)(7)(vi))
	e.g.: Well Site ABC	e.g.: 8/13/17	e.g.: 10:00 am	e.g.: 1:00 pm	e.g.: John Smith	e.g.: 90°F	e.g.: Sunny, no clouds	e.g.: 2 mph	e.g.: Company ABC optical gas imaging camera	e.g.: None
2	Walker Hollow Compressor Station	3/19/2018	9:00 AM	12:15 PM	Ty Smith; Lesair Environmental, Inc.	30°F	Scattered clouds	5 mph	FLIR GasFindIR HSX (S/N AS0373)	none
2	Walker Hollow Compressor Station	5/30/2018	8:50 AM	9:50 AM	Ty Smith; Lesair Environmental, Inc.	72°F	Scattered clouds	3 mph	FLIR GasFindIR HSX (S/N AS0373)	none
2	Walker Hollow Compressor Station	9/7/2018	9:10 AM	11:40 AM	Ty Smith; Lesair Environmental, Inc.	61°F	Sunny	6 mph	FLIR GasFindIR HSX (S/N AS0373)	none



Andeavor NSPS Subpart OOOOa Annual Report

Fugitive Emissions Components

Facility Record No. * (Select from dropdown list - may need to scroll up )	Identification of Each Affected Facility * (\$60.5420a(b)(1))	Type of Component for which Fugitive Emissions Detected * (\$60.5420a(b)(7)(vii))	Number of Each Component Type for which Fugitive Emissions Detected * (\$60.5420a(b)(7)(vii))	Type of Component Not Repaired as Required in §60.5397a(h) * (\$60.5420a(b)(7)(viii))	Number of Each Component Type Not Repaired as Required in §60.5397a(h) * (\$60.5420a(b)(7)(viii))
	e.g.: Well Site ABC	e.g.: Valve	e.g.: 3	e.g.: Valve	e.g.: 1
2	Walker Hollow Compressor Station	none	none	none	none
2	Walker Hollow Compressor Station	none	none	none	none
2	Walker Hollow Compressor Station	none	none	none	none

Andeavor NSPS Subpart OOOOa Annual Report

Fugitive Emissions Components

Facility Record No. * (Select from dropdown list - may need to scroll up )	Identification of Each Affected Facility * (\$60.5420a(b)(1))	Type of Difficult-to-Monitor Components Monitored * (\$60.5420a(b)(7)(ix))	Number of Each Difficult-to-Monitor Component Type Monitored * (\$60.5420a(b)(7)(ix))	Type of Unsafe-to-Monitor Component Monitored * (\$60.5420a(b)(7)(ix))	Number of Each Unsafe-to-Monitor Component Type Monitored * (\$60.5420a(b)(7)(ix))	Date of Successful Repair of Fugitive Emissions Component * (\$60.5420a(b)(7)(x))	Type of Component Placed on Delay of Repair * (\$60.5420a(b)(7)(xi))	Number of Each Component Type Placed on Delay of Repair * (\$60.5420a(b)(7)(xi))	Explanation for Delay of Repair * (\$60.5420a(b)(7)(xi))
	e.g.: Well Site ABC	e.g.: Valve	e.g.: 1	e.g.:Valve	e.g.: 1	e.g.: 11/10/16	e.g.: Valve	e.g.: 1	e.g.: Unsafe to repair until next shutdown
2	Walker Hollow Compressor Station	none	not applicable	none	not applicable	not applicable	none	none	not applicable
2	Walker Hollow Compressor Station	none	not applicable	none	not applicable	not applicable	none	none	not applicable
2	Walker Hollow Compressor Station	none	not applicable	none	not applicable	not applicable	none	none	not applicable

**Andeavor NSPS Subpart OOOOa Annual Report**  
**Fugitive Emissions Components**

		OGI		Compressor Station Affected Facility Only	
Facility Record No. * (Select from dropdown list - may need to scroll up )	Identification of Each Affected Facility * (\$60.5420a(b)(1))	Type of Instrument Used to Resurvey Repaired Components Not Repaired During Original Survey * (\$60.5420a(b)(7)(xii))	Training and Experience of Surveyor * (\$60.5420a(b)(7)(iii))	Was a monitoring survey waived under § 60.5397a(g)(5)? * (\$60.5420a(b)(7))	If a monitoring survey was waived, the calendar months that make up the quarterly monitoring period for which the monitoring survey was waived. * (\$60.5420a(b)(7))
	e.g.: Well Site ABC	e.g.: Company ABC optical gas imaging camera	e.g.: Trained thermographer; completed 40-hour course at XYZ Training Center. Has 10 years of experience with OGI surveys.	e.g.: Yes	e.g.: January; February; and March
2	Walker Hollow Compressor Station	not applicable	Certified thermographer; Certification #201604081. Has 10 years of experience with OGI surveys.	no	not applicable
2	Walker Hollow Compressor Station	not applicable	Certified thermographer; Certification #201604081. Has 10 years of experience with OGI surveys.	no	not applicable
2	Walker Hollow Compressor Station	not applicable	Certified thermographer; Certification #201604081. Has 10 years of experience with OGI surveys.	no	not applicable